

Instructions for Completing the 2004-2005 LEA Medi-Cal Billing Option Annual Report Form and Attachments

ONLY ONE PROVIDER PER ANNUAL REPORT FORM

1. Please be sure to include the nine-digit, alphanumeric Medi-Cal provider number issued to your Local Educational Agency (LEA). This identifying number begins with "SS" and is followed by seven numerals. The LEA name should be the same name that is on the Medi-Cal Provider Master File, and appears on the mailing address labels of correspondence your LEA receives from the Department of Health Services (Department). The address requested should be one where incoming mail from the LEA Medi-Cal Option should be sent.

The contact person is the individual responsible for administering the Medi-Cal program within your LEA. The phone and fax numbers may be for your LEA, or a direct line to the LEA contact person.

Note: If you wish to change the address Medi-Cal has on file for your LEA, please contact the Provider Enrollment Branch at (916) 319-8104 for advice. **A provider address will not be changed on the Medi-Cal provider file by using the enclosed Annual report Form as notification.**

2. Describe the role of the collaborative by answering how reinvestment decisions are made, and the planned frequency of meeting.

Note: If the collaborative has not yet developed an infrastructure, please do so in order to answer these required questions. Leaving this area blank or answering "not applicable" is not an acceptable response.

3. List the top service funding priorities for your LEA, for the upcoming 2005-2006 school year. Examples of service funding priority categories include Healthy Start operation (staff and cost), case management activities, nursing services, counseling services, family support services, and computer hardware purchase for electronic Medi-Cal billing.

A more thorough description of appropriate services can be found in the California Education Code, Section 8804(g). You can refer to the categories listed below; however, please elaborate beyond the general category title. Simply listing the title (e.g. "Collaborative Composition") is insufficient detail of expenditure plans.

Administration/Claims Processing:

Expenditures for administering and processing LEA Medi-Cal claims. Includes percentage full time employee (F.T.E.) record keeping, transferring records onto claim forms, mailings to parents, determining Medi-Cal eligibility, sending in claims, processing checks, vendor fees, etc.

Collaborative Composition:

Expenditures for maintaining the LEA collaborative and its functions. Includes staff time, mailing costs, copier costs, room fees, percentage F.T.E., etc.

Direct Service/Case Management:

Expenditures for direct health and social services for students and families such as hiring/contracting with a nurse, counselor, or a therapist, and, for case management and referral services for children and families.

Note: It is not required; however, should you wish to include a supplementary explanation, please attach an additional page to the Annual Report form.

Helpful Hint: Successful LEA Collaboratives have developed an assessment of the needs of students and their families in order to help determine service priorities. These “needs assessments” are often based on surveys conducted by the collaborative. Many LEA Collaboratives also receive input regarding funding priorities through written or oral proposals and member investigation.

4. 2004-2005 Financial Statement. Summarize revenues received, if any, prior to July 1, 2005, from the LEA Medi-Cal Billing Option and list how your LEA has reinvested those revenues in expanded health and social services. Expense categories along the left side of the statement were designed with standard Education Chart of Account codes. Provide your best estimate of how your expenditures break down into one of the three columns listed: Administrative/Claims Processing, Collaborative Operation, or Direct Service/Case Management (described below). Additional pages describing expenditures may be attached.
5. If there is an ending balance as of June 30, 2005, it is required that the plans for future use of this unexpended revenue be listed. This usage may be like, or similar to, the anticipated service priorities for fiscal year 2005-2006 listed in item three. Or, the usage may be based on anticipated service priorities decided by the LEA Collaborative for the 2004-2005 Fiscal Year (a valuable reference tool would be to review a copy of the *LEA Medi-Cal Billing Option 2003-2004 Annual Report* submitted by your LEA last year).

A more thorough description of appropriate services can be found in the California Education Code, Section 8804(g). You can refer to the categories

listed above in item three. However, please elaborate beyond the general category title. Simply listing the title (e.g. "Direct Service/Case Management") is insufficient detail of expenditure plans.

Note: It is not required, but if you would like to include a supplementary explanation, please attach an additional page to the Annual Report form.

6. Certification of State Matching Funds (Attachment 1) for the upcoming fiscal year 2005-2006. Fill in the name of the LEA and the estimated amount of non-federal matching funds that your LEA will be expending on health services to Medi-Cal enrolled students during the 2005-2006 Fiscal Year. This form identifies the money that will be used by the LEA to supply health services to Medi-Cal enrolled students, and it is the maximum amount your LEA will be able to receive in matching federal Medicaid funds, reimbursed through the LEA Medi-Cal Billing Option, during the upcoming fiscal year. The authorized signature should be the Superintendent or Assistant Superintendent, and must be an original signature (no photocopies will be accepted). Blue ink is preferred for the signature.

In order to estimate the dollar amount that will be entered on the Attachment 1 form, add up the costs of employees who provide health services (wages, benefits, administrative costs), and any health services contracted for. Omit from the calculation any employees who are 100 percent federally funded but include all other nurses, counselors, psychologists, etc. Multiply the total health services costs by the percentage of students who are Medi-Cal eligible. You may obtain data on the percentage of Medi-Cal eligible students your LEA serves by: a) speaking with the County Social Services office; b) using a percentage based on the median of your Free and Reduced Lunch and Cal Works program recipients; or c) calculating a percentage based on previous eligibility data matches received from the Department or the Department of Education.

7. Statement of Commitment to Reinvest (Attachment 2). Have your current LEA Collaborative members sign and date this form. Only the Statement of Commitment to Reinvest form supplied by the State will be accepted. This is the official document required by the State for purposes of identifying who participates in the collaborative. The first page of the Statement of Commitment to Reinvest must be used prior to using the second page, which is available for use when the number of members exceeds the sign-in space allowed on the first page.

Due to limited storage capacity, the Department asks LEA providers to use as limited a number of pages for this form as possible (but remember, only

one-sided copies are acceptable). Please do not have each collaborative member alone sign the first page of the Statement of Commitment to reinvest.

The LEA Collaborative sets service priorities and makes reinvestment decisions on the Medi-Cal dollars your LEA receives via the LEA Medi-Cal Billing Option. A detailed description of the appropriate collaborative composition can be found in the California Education Code, Section 8806.

Note: A current document must be submitted, regardless of whether or not there has been any change in the collaborative membership from the previous year. A copy of the current Statement of Commitment to Reinvest Form containing the original signatures of the collaborative members will be accepted; however, the original document should be kept on file with your LEA.

The authorized signature should be the Superintendent or Assistant Superintendent, and must be an original signature (photocopies and signature stamps will not be accepted). Blue ink is preferred for the signature.

Mail all pages of the original *LEA Medi-Cal Billing Option 2004-2005 Annual Report*, including Attachment 1 and Attachment 2, on or before October 30, 2005 to:

Department of Health Services
Payment Systems Division
Facilities and Programs Unit
MS 4704
P.O. Box 997413
Sacramento, CA 95899-7413

If you have questions about the LEA Medi-Cal Billing Option Annual Report, please contact Provider Enrollment Branch at (916) 319-8104.